

**MEDICAL BOARD OF CALIFORNIA**

LICENSING PROGRAM
 1426 Howe Avenue, Suite 54
 Sacramento, CA 95825-3236
 (916) 263-2382 FAX (916) 263-2487
www.medbd.ca.gov

**FEE SCHEDULE: APPLICATION FOR PHYSICIAN'S & SURGEON'S LICENSE**

Date of Birth:	Applicant's Name:
U.S Social Security Number:*	Address:
____-____-____	

* MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS: Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used *exclusively* for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

FEE CALCULATION:

1. ☐ Nonrefundable Application Fee: \$442.00
2. ☐ Nonrefundable Fingerprint Fee: \$63.00

TOTAL REQUIRED FEES: \$505.00

3. **VOLUNTARY \$25 FAMILY PHYSICIAN TRAINING FEE (please see below for information)**

- ☐ Please check here if you wish to contribute to the Physician Training Fund
 and ADD \$25.00 to your payment..... \$25.00

You may voluntarily contribute \$25 to provide training for family physicians and other primary care providers who will service medically underserved rural and inner city Californians, refugees, the frail elderly, and people with AIDS.

This voluntary program was established as a result of legislation authored by the late Dr. William Filante and is supported by the California Medical Association, the California Academy of Family Physicians and other leading health care organizations. Dr. Filante's bill authorized the State's Office of Statewide Health Planning and Development (OSHPD) to accept contributions from certain foundations, health maintenance organizations, health insurers, and other entities to augment these primary care training programs, which are located in hospitals throughout California.

All funds contributed will be matched with equal amounts from the University of California and the State General Fund. For more information on the Family Physician Training Program, please contact OSHPD at 1600 9th Street, Room 433, Sacramento, California 95814.

TOTAL FEES ENCLOSED

\$ _____.00

UPON APPROVAL FOR LICENSURE, YOU WILL NEED TO SUBMIT THE INITIAL LICENSING FEE, WHICH IS IN ADDITION TO THE ABOVE FEES. You may wish to remit the initial licensing fee with the above application and fingerprint fees. The initial licensing fee is \$600.00. However, if you are enrolled in an ACGME postgraduate training program at the time of licensure, the fee is \$300.00 and you will need to submit an *Eligibility for Reduced Initial License Fee*, Form L4, to document your enrollment along with the \$300.00 reduced initial license fee.

**MAKE CERTIFIED CHECK, CASHIER'S CHECK OR MONEY ORDER PAYABLE TO
 MEDICAL BOARD OF CALIFORNIA
 (Fees subject to change.)**